



State of Washington  
Application for a Water Right Permit

☐ SURFACE WATER ☒ GROUND WATER  
☒ Permanent ☐ Temporary ☐ Short Term

For Ecology Use  
(Date Stamp)

Follow the attached instructions. Attach additional sheets as necessary.

A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO  
THE DEPARTMENT OF ECOLOGY MUST ACCOMPANY THIS APPLICATION.

Section 1. APPLICANT

Applicant/Business Name: City of Sumner	Phone No: (253) 863-8300	Other No: (253) 299 -5509 Fax
Address: 1104 Maple Street		
City: Sumner	State: WA	Zip: 98390-1423
Email Address (optional):		

Contact Name (if different from above): William Pugh	Phone No: (253) 299- 5701	Other No:
Relationship to Applicant: Public Works Director		
Address: same as above		
City:	State:	Zip:
Email Address (optional): <a href="mailto:billp@ci.sumner.wa.us">billp@ci.sumner.wa.us</a>		
<b>NOTE ADDITIONAL CONTACT PERSON: Thomas M. Pors, Law Office of Thomas M. Pors, 1700 Seventh Avenue, Suite 2100, Seattle WA 98101 (206) 357-8570; (866) 342-9646 FAX <a href="mailto:tompors@comcast.net">tompors@comcast.net</a></b>		

Section 2. STATEMENT OF INTENT

Briefly describe the purpose of your proposed project: Municipal Water Supply to meet future growth demands

Anticipated length of time to complete your project: 2058

**Water Use** List all purposes for which water will be applied to a beneficial use and list quantity required for each.

Purpose(s) of Use	Rate (check one box only) <input type="checkbox"/> Cubic Feet per Second (CFS) <input checked="" type="checkbox"/> Gallons per Minute (GPM)	Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
Municipal	2250	1580	Continuously
<b>TOTAL:</b>	2250	1580	

**Short Term/Temporary Water Use**

Is this a request for a short term project (less than four months and non-recurring)? ☐ YES ☒ NO

For Ecology Use	APPLICATION NO: <u>62-30534</u>	SEPA: Exempt/Not Exempt
	Fee Paid: <input checked="" type="checkbox"/> Check No: _____	ECY Coding: 001-001-WR1-0285-000011
Date Returned _____	By _____	Priority Date <u>10/23/09</u> By <u>SC</u> WRIA: <u>10</u>



Is this request for a temporary permit? ☐ YES ☒ NO

If yes to either question above, indicate the dates that the water will be needed:

FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

Section 3. POINT OF DIVERSION OR WITHDRAWAL

Complete A or B, and C below

<b>A.) If Surface Water Source</b>	<b>B.) If Ground Water Source</b>
<input type="checkbox"/> Spring <input type="checkbox"/> Creek <input type="checkbox"/> River <input type="checkbox"/> Lake <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Well(s) <input type="checkbox"/> Other: _____
Source Name: _____	Well diameter & depth: <u>large diameter municipal wells, finished in the regional Deep Valley Aquifer</u>
Tributary to: _____	Number of proposed points of withdrawal: <u>3</u>
Number of proposed diversion points: _____	Do you have an existing well? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Do you have an existing diversion? <input type="checkbox"/> YES <input type="checkbox"/> NO	If available, attach Water Well Report and pump test.
	Well Tag ID No. <u>Multiple – see Water System Plan</u>

C.) Point of Diversion/Withdrawal – Legal Description

Parcel No.	¼	¼	Section	Township	Range	County
	ALL	NE & NW	24	20N	4E	Pierce
	ALL	SE & SW	13	20N	4E	Pierce
	ALL	NE & NW	13	20N	4E	Pierce
	NW	NW	7	20N	4E	Pierce
Lot(s)		Block(s)		Subdivision		

If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:

\_\_\_\_\_ Feet (☐ North/☐ South) and \_\_\_\_\_ feet (☐ East/☐ West)

from the (☐NW ☐SW ☐NE ☐SE ☐ \_\_\_\_\_ ) corner of Section\_\_\_\_\_.

Parcel No.	¼	¼	Section	Township	Range	County
Lot(s)		Block(s)		Subdivision		

If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:

\_\_\_\_\_ feet (☐ North/☐ South) and \_\_\_\_\_ feet (☐ East/☐ West)

from the (☐NW ☐SW ☐NE ☐SE ☐ \_\_\_\_\_ ) corner of Section\_\_\_\_\_

NOTE: If more than two points of diversion/withdrawal attach additional information on a separate sheet of paper.

Do you own the land on which the proposed point of diversion/withdrawal is located? ☐ YES ☒ NO

If no, do you have legal authority to make this application for use of another's land? ☐ YES ☒ NO

Provide the owner name(s), address, and phone number: Well sites are under review and owner permission will be obtained prior to drilling test wells.

Section 4. PLACE OF USE

Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below.

Area served by City of Sumner, as described in its Water System Plan.

For Ecology Use	APPLICATION NO: _____	SEPA: Exempt/Not Exempt
	Fee Paid: _____	Check No: _____ ECY Coding: 001-001-WR1-0285-000011
Date Returned _____	By _____	Priority Date _____ By _____ WRIA: _____



Is this request for a temporary permit? ☐ YES ☒ NO

If yes to either question above, indicate the dates that the water will be needed:

FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Section 3. POINT OF DIVERSION OR WITHDRAWAL**

Complete A or B, and C below

<b>A.) If Surface Water Source</b>	<b>B.) If Ground Water Source</b>
<input type="checkbox"/> Spring <input type="checkbox"/> Creek <input type="checkbox"/> River <input type="checkbox"/> Lake <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Well(s) <input type="checkbox"/> Other: _____
Source Name: _____	Well diameter & depth: large diameter municipal wells, finished in the regional Deep Valley Aquifer__
Tributary to: _____	Number of proposed points of withdrawal:3
Number of proposed diversion points: _____	Do you have an existing well? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Do you have an existing diversion? <input type="checkbox"/> YES <input type="checkbox"/> NO	If available, attach Water Well Report and pump test.
	Well Tag ID No. Multiple - see Water System Plan

**C.) Point of Diversion/Withdrawal – Legal Description**

Parcel No.	¼	¼	Section	Township	Range	County
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	ALL	SE & SW	13	24N	4E	Pierce
	ALL	NE & NW	13	24N	4E	Pierce
	NW	NW	7	24N	4E	Pierce
Lot(s)	Block(s)		Subdivision			

If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:  
\_\_\_\_ Feet (☐ North/☐ South) and \_\_\_\_ feet (☐ East/☐ West)  
from the (☐NW ☐SW ☐NE ☐SE ☐ \_\_\_\_ ) corner of Section \_\_\_\_.

Parcel No.	¼	¼	Section	Township	Range	County
Lot(s)	Block(s)		Subdivision			

If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:  
\_\_\_\_ feet (☐ North/☐ South) and \_\_\_\_ feet (☐ East/☐ West)  
from the (☐NW ☐SW ☐NE ☐SE ☐ \_\_\_\_ ) corner of Section \_\_\_\_

NOTE: If more than two points of diversion/withdrawal attach additional information on a separate sheet of paper.

Do you own the land on which the proposed point of diversion/withdrawal is located? ☐ YES ☒ NO  
If no, do you have legal authority to make this application for use of another's land? ☐ YES ☒ NO  
Provide the owner name(s), address, and phone number: Well sites are under review and owner permission will be obtained prior to drilling test wells.

**Section 4. PLACE OF USE**

Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below.

Area served by City of Sumner, as described in its Water System Plan

For Ecology Use	APPLICATION NO: _____	SEPA: Exempt/Not Exempt
	Fee Paid: _____ Check No: _____	ECY Coding: 001-001-WR1-0285-000011
Date Returned _____	By _____	Priority Date _____ By _____ WRIA: _____



1/4	1/4	Section	Twp.	Range	County	Parcel No.

Do you own all the lands on which the proposed place of use is located? ☐ YES ☒ NO.

If no, do you have legal authority to make this application for use of another's land? ☒ YES ☐ NO

Provide owner name(s), address, and phone number: The City of Sumner is the designated water service provider for the Sumner water service area.

Are there any other water rights or claims associated with this property or water system? ☒ YES ☐ NO

If yes, provide the water right and/or claim numbers: See City of Sumner Comprehensive Water System Plan, Table 5-3, attached.

Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map.

**Section 5. WATER SYSTEM DESCRIPTION**

Describe your proposed water system (include type and size of devices used to divert or withdraw water from source): New high capacity, deep aquifer municipal wells to connect to existing City of Sumner water supply system; mitigation for impacts to White River instream flows to be purchased from and supplied by Cascade Water Alliance pursuant to water right S2-29934.

**Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION**

Complete A or B, and C below

<b>A.) Domestic Water Systems only</b>	<b>B.) Municipal Water Systems only</b> <i>(defined under RCW 90.03.015)</i>
Projected number of connections to be served: _____	Present population to be served water: <u>9,881</u>
Type of connections: _____ <i>(e.g., home, recreational cabin)</i>	Estimate future population to be served: <u>21,340</u> (20 50 year projection) See attached study by Parametrix.
<b>C.) Water System Planning</b>	
Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <u>Plan to be submitted to Dept. of Health in November 2009</u>	
If yes, date plan was approved ____/____/____ Water System Number: <u>851207</u>	
Name of water system: <u>City of Sumner Water System</u>	
Are you within the service area of an existing water system? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
If yes, explain why you are unable to connect to the system: _____ _____ _____ _____	

**Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES**

**Irrigation**

Total number of acres requested to be irrigated under this application = \_\_\_\_\_ ACRES

NOTE: Outline the area to be irrigated on your attached map.

**Stockwater**



List number and kind of stock: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the proposed project for a dairy farm? ☐ YES ☐ NO

**Other Proposed Farm Uses**

Describe all proposed uses: \_\_\_\_\_

**Family Farm Water Act (RCW 90.66):**

Calculate the acreage in which you have a controlling interest, including only:

- Acreage irrigated under water rights acquired after December 8, 1977,
- Acreage proposed to be irrigated under this application, and
- Acreage proposed to be irrigated under other pending application(s).

Is the combined acreage under existing rights greater than 6000 acres? ☐ YES ☐ NO

Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☐ NO

If yes, enter Permit No: \_\_\_\_\_

**Section 8. OTHER WATER USES**

**Hydropower**

Indicate total feet of head \_\_\_\_\_ and proposed capacity in kilowatts: \_\_\_\_\_

Describe works: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate all uses to which power is to be applied: \_\_\_\_\_

FERC License No: \_\_\_\_\_

**Mining/Industrial Use**

Describe use, method of supplying and utilizing water: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Use**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 9. WATER STORAGE**

Will you be using a dam, dike, or other structure to retain or store water? ☐ YES ☒ NO

Are you proposing to store more than 10 acre-feet of water? ☐ YES ☒ NO

Will the water depth be 10 feet or more? ☐ YES ☒ NO

If you answered yes to any of the above questions, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point and some portion of the storage will be above grade, you must also complete an Application for Permit to Construct a Reservoir and a Dam Construction Permit and Application.*

**Section 10. DRIVING DIRECTIONS**

Provide detailed driving directions to the project site:



I-5 N toward Tacoma/Seattle, 15.1 mi; exit 127 onto WA-512 E toward Puyallup, 11.9 mi; exit onto WA-167 N toward Yakima/Seattle, 1.1 mi; exit onto WA-410 E toward Sumner/Yakima, 0.4 mi; Traffic Ave/E Main exit, 0.2 mi; turn left at Main Ave/Traffic St (signs for Sumner/Traffic Ave); continue to follow Traffic St 0.4 mi; turn right at Maple St. to 1104 Maple Street. City staff will accompany Ecology officials to well sites.

Site Address: 1104 Maple Street, Sumner, WA 98390-1423

## Section 11. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

William L. Pugh

Print Name

(Applicant or authorized representative)

Signature

Date

10/20/09

Print Name

(Landowner of Place of Use)

Signature

Date

Print Name

(Landowner of Place of Use)

Signature

Date

Print Name

(Landowner of Place of Use)

Signature

Date

Submit your application to: DEPARTMENT OF ECOLOGY  
CASHIERING SECTION  
PO BOX 47611  
OLYMPIA, WA 98504-7611

Please check the region in which your proposed project is located.

☒ Southwest ☐ Northwest ☐ Central ☐ Eastern

Below is a map of the State of Washington, with outlines of the four Ecology regional offices. If you have questions about your application, contact the Water Resources program at the regional office in which your project is located.



Southwest Regional Office: 360-407-6300